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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☒ Declaration Submitted with Initial Filing  
OR  
☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	P-001
First Named Inventor	Williams, Allan, et al
<b>COMPLETE IF KNOWN</b>	
Application Number	New patent application
Filing Date	---
Group Art Unit	
Examiner Name	

**As a below named inventor, I hereby declare that:**

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHOD AND SYSTEM FOR GENERATION VALUE ENHANCED  
DERIVATIVE DOCUMENT FROM A PATENT DOCUMENT

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)  as United States Application Number or PCT International

Application Number  and was amended on (MM/DD/YYYY)  (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

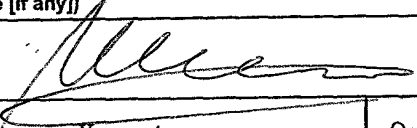

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
n/a			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

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**DECLARATION — Utility or Design Patent Application**

Direct all correspondence to: <input type="checkbox"/>		Customer Number <input type="text"/> or Bar Code Label <input type="text"/>		OR <input checked="" type="checkbox"/> Correspondence address below	
Name <b>Dr. Victoria Donnelly</b>					
Address <b>P.O. Box 24001, Hazeldean R.P.O.</b>					
City <b>Kanata</b>		State <b>Ontario</b>		ZIP <b>K2M 2C3</b>	
Country <b>CANADA</b>		Telephone <b>613/ 831-1369</b>		Fax <b>613/ 831-2755</b>	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR :			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		ALLAN		Family Name or Surname WILLIAMS	
Inventor's Signature 				Date <b>June 02, 2001</b>	
Residence: City <b>Kanata</b>		State <b>Ontario</b>		Country <b>CANADA</b> Canadian Citizenship	
Mailing Address <b>143 Castle Glen Crescent</b>					
City <b>Kanata</b>		State <b>Ontario</b>		ZIP <b>K2L 4G9</b> Country <b>CANADA</b>	
NAME OF SECOND INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		VICTORIA		Family Name or Surname DONNELLY	
Inventor's Signature 				Date <b>June 02, 2001</b>	
Residence: City <b>Kanata</b>		State <b>Ontario</b>		Country <b>CANADA</b> Canadian Citizenship	
Mailing Address <b>143 Castle Glen Crescent</b>					
City <b>Kanata</b>		State <b>Ontario</b>		ZIP <b>CANADA</b> Country <b>Canadian</b>	
<input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					

Please type a plus sign (+) inside this box



PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	New patent appl.
Filing Date	---
First Named Inventor	Williams, Allan, et al
Title	Method and system for gene-
Group Art Unit	ration value enhanced deriva-
Examiner Name	tive document from a patent
Attorney Docket Number	document P-001

I hereby appoint:

☐ Practitioners at Customer Number

OR

☒ Practitioner(s) named below:

Name	Registration Number
Victoria Donnelly	44,185

Place Customer  
Number Bar Code  
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as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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☐ Practitioners at Customer Number

OR

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☐ Firm or  
Individual Name

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

### SIGNATURE of Applicant or Assignee of Record

Name

Allan Williams

Signature

Date

June 02, 2001

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

XX\*Total of TWO forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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Examiner Name	live document from a patent
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☒ Practitioner(s) named below:

Name	Registration Number
Victoria Donnelly	44,185

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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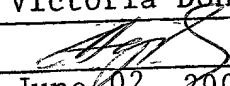
<input type="checkbox"/> Firm or Individual Name	Victoria Donnelly				
Address	P.O. Box 24001				
Address	Hazeldean R.P.O.				
City	Kanata	State	Ontario	Zip	K2M 2C3
Country	CANADA				
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Signature	
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